

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED

NOV 09 2022

Bayfield Co.  
Planning and Zoning Agency

|              |                 |
|--------------|-----------------|
| Permit #:    | 23-0330         |
| Date:        | 12-7-2022       |
| Amount Paid: | 175 - 12-7-2022 |
| Other:       |                 |
| Refund:      |                 |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |                                   |                                |  |                                      |   |                                |
|--|--|-----------------------------------|--------------------------------|--|--------------------------------------|---|--------------------------------|
| TYPE OF PERMIT REQUESTED   | <input type="checkbox"/> LAND USE      | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE                   | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A.                 | <input type="checkbox"/> OTHER |
| Owner's Name:  | KATHERINE HOLLINGTON                   |                                   | Mailing Address:               | 693 ORANGE ST. APT. 401 NEW HAVEN CT. NEW HAVEN, CT. 06511 |                                      | City/State/Zip:                                 |                                |
| Address of Property:   | 43690 KANDAWA RD                       |                                   | City/State/Zip:                | CABLER, WI 54821   |                                      | Telephone:                                      |                                |
| Email: (print clearly)   | KATHAR84@GMAIL.COM                     |                                   |                                |  |                                      |   | Cell Phone:                    |
| Contractor:  |  |                                   | Contractor Phone:              |  |                                      | Plumber:  | Plumber Phone:                 |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Karl Kostecky                          |                                   | Agent Phone:                   | 715-580-457  |                                      | Agent Mailing Address (include City/State/Zip): | 14295 MCNAMUCH RD CABLER       |
| PROJECT LOCATION   | Legal Description: (Use Tax Statement) |                                   | Tax ID#                        | 10826  |                                      | Recorded Document: (Showing Ownership)          |                                |
| 1/4, 1/4   | Gov't Lot                              | Lot(s)                            | CSM                            | Vol & Page   | CSM Doc #                            | Lot(s) #  | Block #                        |
|  |  | 3                                 |                                |  |                                      | 3   | 4                              |
| Section  | Township                               | N, Range                          | W                              | Town of:   |                                      | Lot Size  | Acres                          |
| 18   | 43                                     | 70                                |                                | CABLER   |                                      |   | 0.17                           |

|  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Shoreland     | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline: _____ feet | Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →   | Distance Structure is from Shoreline: _____ feet |   |   |

| Value at Time of Completion * include donated time & material | Project   | Project # of Stories                        | Project Foundation                                 | Total # of bedrooms on property       | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?      | Type of Water on property                |
|---|---|---|--|---------------------------------------|---|--|
| \$  | <input type="checkbox"/> New Construction           | <input type="checkbox"/> 1-Story            | <input checked="" type="checkbox"/> Basement       | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City   | <input checked="" type="checkbox"/> City |
|   | <input type="checkbox"/> Addition/Alteration        | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Foundation                | <input type="checkbox"/> 2            | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input type="checkbox"/> Well            |
|   | <input type="checkbox"/> Conversion                 | <input checked="" type="checkbox"/> 2-Story | <input type="checkbox"/> Slab                      | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: CITY Sewer                       | <input type="checkbox"/>                 |
|   | <input type="checkbox"/> Relocate (existing bldg)   | <input type="checkbox"/>                    | <input type="checkbox"/>                           | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/>                 |
|   | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/>                    | <input checked="" type="checkbox"/> Use Year Round | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    | <input type="checkbox"/>                 |
|   | <input type="checkbox"/>                            | <input type="checkbox"/>                    | <input type="checkbox"/>                           | <input type="checkbox"/>              | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/>                 |
|   |   |   |  |                                       | <input type="checkbox"/> None   |  |

|  |            |           |            |
|--|------------|-----------|------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: 48 | Width: 38 | Height: 30 |
| Proposed Construction: (overall dimensions)                                    | Length:    | Width:    | Height:    |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions | Square Footage |
|---|-------------------------------------|--|------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )      |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )      |                |
|   |                                     | with Loft  | ( X )      |                |
|   |                                     | with a Porch   | ( X )      |                |
|   |                                     | with (2nd) Porch   | ( X )      |                |
|   |                                     | with a Deck  | ( X )      |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2nd) Deck  | ( X )      |                |
|   |                                     | with Attached Garage   | ( X )      |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )      |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )      |                |
|   | <input type="checkbox"/>            | Addition/Alteration (explain) _____  | ( X )      |                |
|   | <input type="checkbox"/>            | Accessory Building (explain) _____   | ( X )      |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain) _____   | ( X )      |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )      |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )      |                |
|   | <input checked="" type="checkbox"/> | Other: (explain) SHORT TERM RENTAL   | ( X )      |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 8/23/2022

Authorized Agent: \_\_\_\_\_ (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit: 14295 MCNAMUCH RD  
CABLER, WI 54821

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

Fill Out in Ink – **NO PENCIL**

SEE ATTACHED AERIAL PHOTO

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning &amp; Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

| Description                                 | Setback Measurements |      | Description                                      | Setback Measurements  |
|---|----------------------|------|--|---|
| Setback from the Centerline of Platted Road | 69                   | Feet | Setback from the Lake (ordinary high-water mark) | N/A   |
| Setback from the Established Right-of-Way   | 50                   | Feet | Setback from the River, Stream, Creek            | N/A   |
|   |                      |      | Setback from the Bank or Bluff                   | N/A   |
| Setback from the North Lot Line             | 30                   | Feet |  |   |
| Setback from the South Lot Line             | 30                   | Feet | Setback from Wetland                             | N/A   |
| Setback from the West Lot Line              | 50                   | Feet | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 95                   | Feet | Elevation of Floodplain                          | —   |
|   |                      |      |  |   |
| Setback to Septic Tank or Holding Tank      | N/A                  | Feet | Setback to Well                                  | 33'   |
| Setback to Drain Field                      | N/A                  | Feet |  |   |
| Setback to Privy (Portable, Composting)     | N/A                  | Feet |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**NOTICE(s):**

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|  |  |   |   |   |
|--|--|---|---|---|
| <b>Issuance Information (County Use Only)</b>  |  | Sanitary Number: <u>city</u>  | # of bedrooms:  | Sanitary Date:  |
| Permit Denied (Date):  |  | Reason for Denial:  |   |   |
| Permit #:  |  | Permit Date:  |   |   |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes <u>(Deed of Record)</u> <input checked="" type="checkbox"/> No          | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required  |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes <u>(Fused/Contiguous Lot(s))</u> <input checked="" type="checkbox"/> No | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached  |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)   |  | Previously Granted by Variance (B.O.A.)                                     |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |   |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  | Were Property Lines Represented by Owner                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  | Was Property Surveyed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Inspection Record:   |  |   |   | Zoning District <u>(R-1)</u><br>Lakes Classification <u>(N/A)</u>   |
| Date of Inspection: <u>11/15/22</u>  | Inspected by: <u>AD</u>  | Date of Re-Inspection:  |   |   |
| Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)<br><u>Maintain Public Health &amp; Town of Cable conditions &amp; licensure</u> |  |   |   |   |
| Signature of Inspector: <u>[Signature]</u>   |  |   |   | Date of Approval: <u>11/30/22</u>                                   |
| Hold For Sanitary: <input type="checkbox"/> _____  | Hold For TBA: <input type="checkbox"/> _____   | Hold For Affidavit: <input type="checkbox"/> _____                          | Hold For Fees: <input type="checkbox"/> _____                       | <input type="checkbox"/> _____                                      |



# TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.wi.gov

Website:  
www.bayfieldcounty.wi.gov

Date Zoning Received: (Stamp Here)

**RECEIVED**

SEP 26 2022

Bayfield Co.  
Planning and Zoning Agency

**Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a **Class A** special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner KATHERINE HERRINGTON Contractor NORTH COUNTRY VACATION RENTALS

Property Address 43690 KANAN AVE RD Authorized Agent WALT HARTMOSY

CABLE, WI 54821 Agent's Telephone 715-580-0157

Telephone 715-699-2613 Written Authorization Attached: Yes ☒ No ☐

**Accurate** Legal Description involved in **this request** (specify **only** the property involved with this application)

1/4 of 1/4, Section 18, Township 43 N., Range 7 W. Town of CABLE

Govt. Lot 3 Lot 3 Block 4 Subdivision VILLAGE OF CABLE CSM#

Volume  Page  of Deeds Tax I.D.# 10826 Acreage .17

Additional Legal Description:

Applicant: (State what you are asking for) SHORT TERM RENTAL Zoning District: R-1 Lakes Classification

We, the Town Board, **TOWN OF** Cable, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

with condition meet Town of Cable Short-term Rental Ordinance requirements.

\*\* THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**\*\* NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman: Walt Hartmosy

Supervisor: Dan Hartmosy

Supervisor: Dan Hartmosy

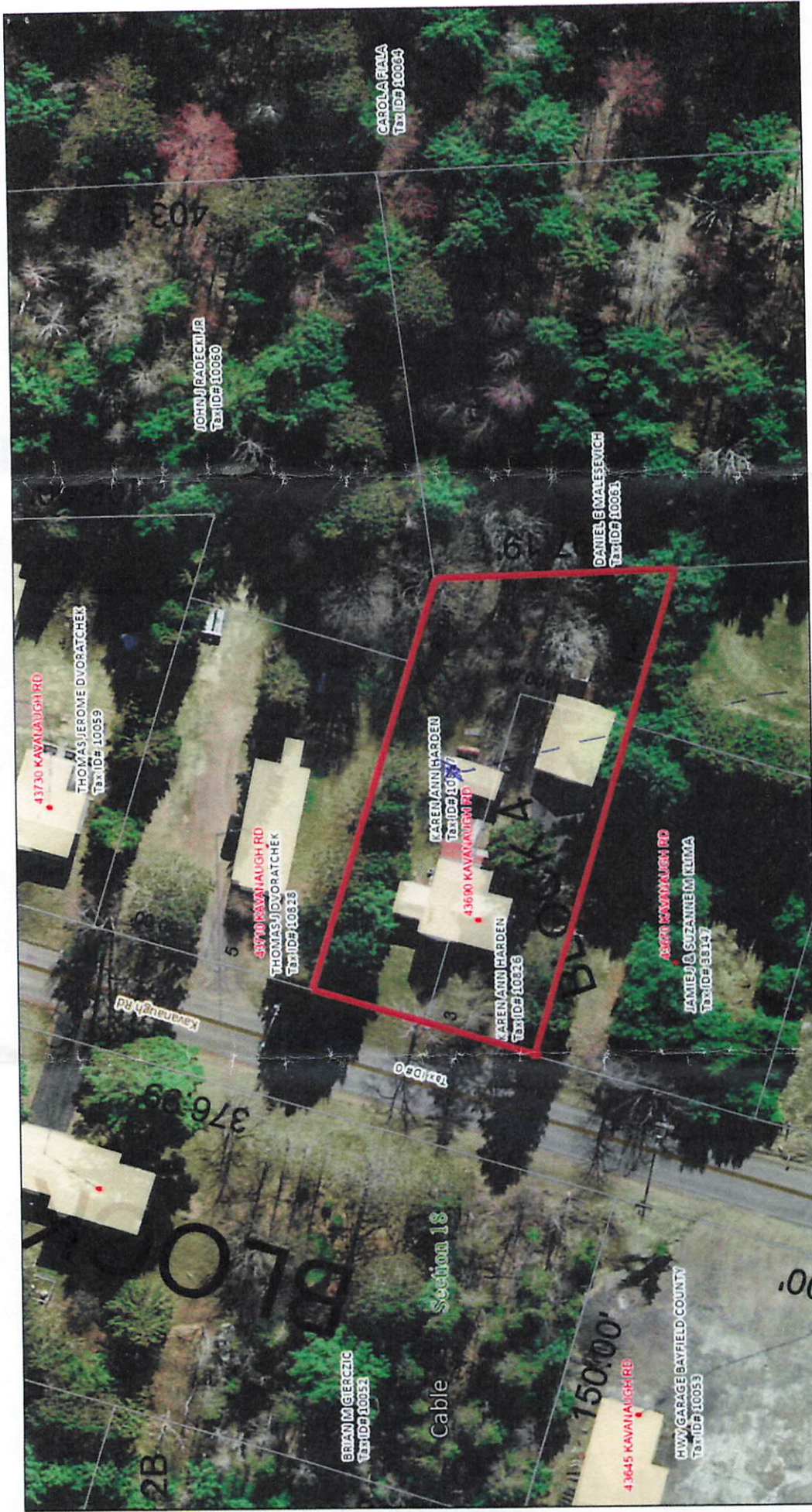
Supervisor: Dan Hartmosy

Clerk: Bobbi McCauley

Date: 9/21/2022

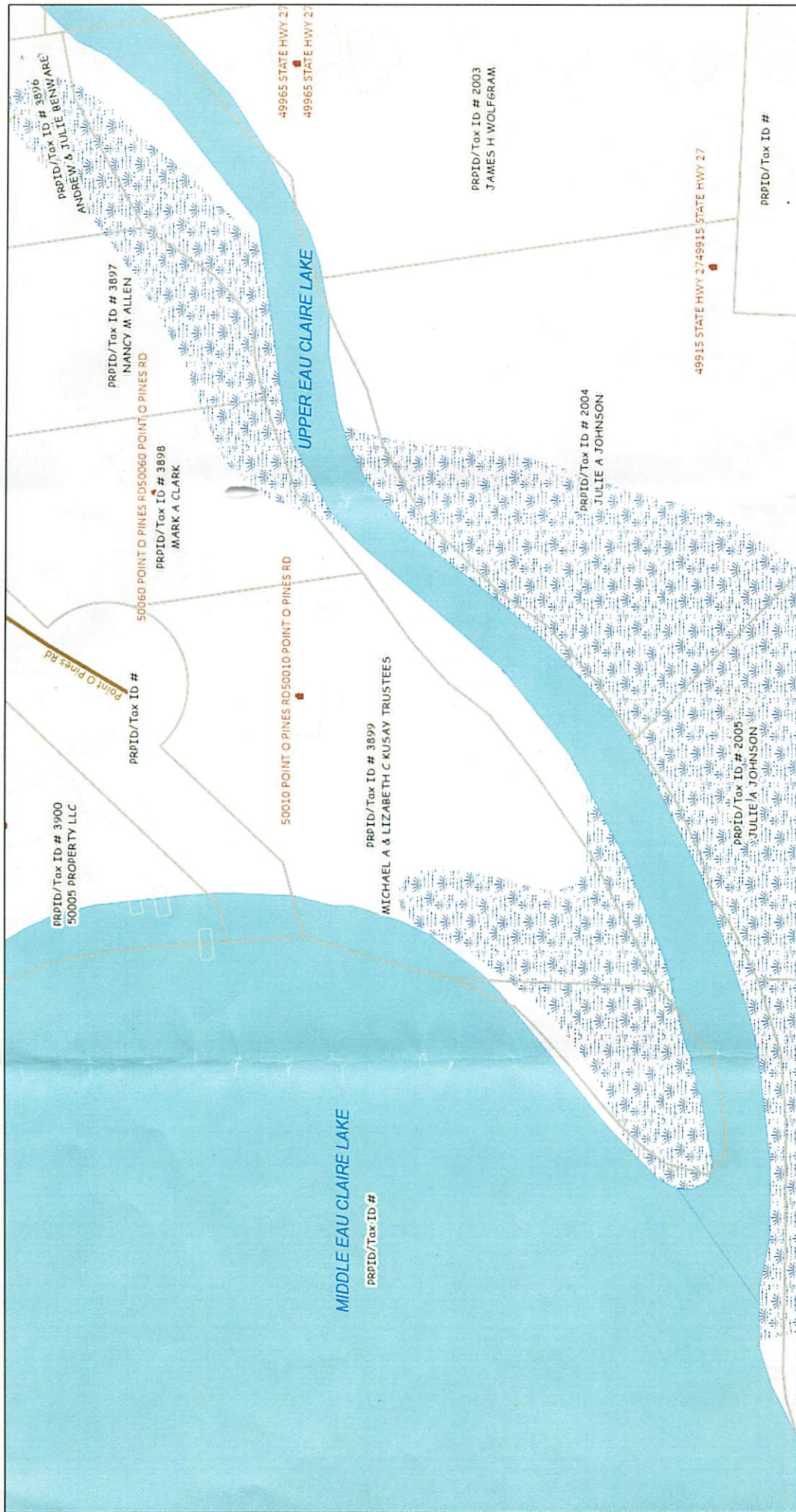


# Bayfield County, WI





# Bayfield County, WI



8/24/2021, 2:21:02 PM

Bayfield County Land Records Department

# NORTH COUNTRY VACATION RENTALS

## Short Term Rental Permit Authorization Form

I, Katherine Harrington authorize Area 56, LLC doing business as North Country Vacation Rentals to represent me in regard to obtaining permits and information on my property located at 43690 Kavanaugh rd in the Town of Cable in the County of Bayfield, State of Wisconsin.

Property Owner's Contact Information:

Phone: 715-699-2413 Email: Katharr84@gmail.com  
Mailing Address: 693 Orange St. Apt 401 New Haven, CT 06511

Katherine Harrington

Property Owner's Signature

8/19/2022

Date

Area 56, LLC dba North Country Vacation Rentals authorizes Karl Kastrosky to represent us on behalf of Katherine Harrington in regard to the Bayfield County Zoning Property Use Permit.

Property Address: 43690 Kavanaugh Rd in the Town of Cable in the County of Bayfield, State of Wisconsin.

Cybil Kastrosky  
Co-Owner Area 56, LLC

8/12/2022  
Date

## WARRANTY DEED

This deed, made between **Karen Ann Harden, a single person,**  
Grantor,

and

**Katherine Harrington, Grantee,**

Witnesseth, That the said Grantor, for a valuable consideration  
conveys to Grantee the following described real estate in Bayfield  
County, State of Wisconsin:

**As Described in Attached Addendum/Exhibit A**

This is homestead property.

Together with all and singular the hereditaments and appurtenances thereunto belonging; And the said  
grantor warrants that the title is good, indefeasible in fee simple and free and clear of encumbrances except  
exceptions, reservations, easements and restrictions of record, and will warrant and defend the same.

Dated this 28<sup>th</sup> day of August, 2022.

Karen Ann Harden  
Karen Ann Harden

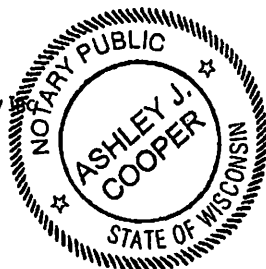
State of Wisconsin

)  
) S.S.  
)

Sawyer County

Personally came before me this 28<sup>th</sup> day of August, 2022, the above named **Karen Ann Harden** to me  
known to be the person(s) who executed the foregoing instrument and hereby acknowledge the same.

This instrument drafted by:  
Michael S. Brandner  
Gowey Abstract & Title Company



Ashley J. Cooper  
\* Ashley J. Cooper  
Notary Public, State of Wisconsin  
My Commission Expires: 2/1/26

DANIEL J. HEFFNER  
BAYFIELD COUNTY, WI  
REGISTER OF DEEDS

2022R-595829

08/08/2022 10:18AM

TF EXEMPT #:

RECORDING FEE: \$30.00

TRANSFER FEE: \$510.00

PAGES: 2

Return to:  
Katherine Harrington  
693 Orange Street Apartment 401  
New Haven, CT 06511  
GT File No. 222306

**GOWEY** Abstract & Title Company, Inc.

(800) 673-8710 • www.goweytitle.com

File Number: 222306

**ADDENDUM/EXHIBIT A**

Lots Three (3) and Four (4) in Block Four (4) of the Original Plat of the Village of Cable, now Town of Cable;  
**AND**

A part of the Southeast Quarter of the Northwest Quarter (SE1/4-NW1/4), Section Eighteen (18), Township Forty-three (43) North, Range Seven (7) West, a parcel of land lying East of said Lots 3 and 4, described as follows:

Beginning at the Northeast corner of Lot 4; thence East to the quarter line of Section 18, Township 43 North, Range 7 West of the Fourth P.M.; thence South 100 feet; thence West to the Southeast corner of said Lot 3; thence North to the Place of Beginning.

**ALL** in the Town of Cable, Bayfield County, Wisconsin.

*For Informational Purposes Only, the above described lands are designated with the following:*

Tax ID Number(s): 04-012-2-43-07-18-2 00-307-47000  
04-012-2-43-07-18-2 00-307-46000

Property Address(s): 43690 Kavanaugh Road  
Cable, WI 54821



# Real Estate Bayfield County Property Listing

Today's Date: 8/22/2022

Property Status: **Current**

Created On: 3/15/2006 1:15:10 PM



## Description

Updated: 8/28/2020

**Tax ID:** 10826  
**PIN:** 04-012-2-43-07-18-2 00-307-46000  
 Legacy PIN: 012126602000  
 Map ID:  
 Municipality: (012) TOWN OF CABLE  
 STR: S18 T43N R07W  
 Description: VILLAGE OF CABLE LOT 3 BLOCK 4 DESC IN DOC 2020R-583240 149V  
 Recorded Acres: 0.170  
 Calculated Acres: 0.172  
 Lottery Claims: 1  
 First Dollar: Yes  
 Zoning: (R-1) Residential-1  
 ESN: 108



## Tax Districts

Updated: 3/15/2006

1 STATE  
 04 COUNTY  
 012 TOWN OF CABLE  
 041491 SCHL-DRUMMOND  
 001700 TECHNICAL COLLEGE  
 047110 CABLE SANITARY DISTRICT #1



## Recorded Documents

Updated: 6/18/2015

**WARRANTY DEED**  
 Date Recorded: 7/21/2020 2020R-583240  
**QUIT CLAIM DEED**  
 Date Recorded: 10/15/2018 2018R-574957  
**QUIT CLAIM DEED**  
 Date Recorded: 4/30/2018 2018R-572698  
**QUIT CLAIM DEED**  
 Date Recorded: 3/30/2017 2017R-567759  
**QUIT CLAIM DEED**  
 Date Recorded: 1/3/2017 2017R-566775  
**QUIT CLAIM DEED**  
 Date Recorded: 6/15/2015 2015R-559121 1143-972



## Ownership

Updated: 8/28/2020

**KAREN ANN HARDEN**

CABLE WI

### Billing Address:

**KAREN ANN HARDEN**  
 43690 KAVANAUGH RD  
 CABLE WI 54281

### Mailing Address:

**KAREN ANN HARDEN**  
 43690 KAVANAUGH RD  
 CABLE WI 54281



## Site Address \* indicates Private Road

43690 KAVANAUGH RD

CABLE 54821



## Property Assessment

Updated: 6/17/2020

### 2022 Assessment Detail

| Code           | Acres | Land  | Imp.   |
|----------------|-------|-------|--------|
| G1-RESIDENTIAL | 0.170 | 1,700 | 78,700 |

### 2-Year Comparison

|                  | 2021   | 2022   | Change |
|------------------|--------|--------|--------|
| <b>Land:</b>     | 1,700  | 1,700  | 0.0%   |
| <b>Improved:</b> | 78,700 | 78,700 | 0.0%   |
| <b>Total:</b>    | 80,400 | 80,400 | 0.0%   |



## Property History

N/A



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **Municipal Sewer**  
SIGN –  
SPECIAL – **(A) (Tn of Cable-9/26/2022)**  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0320** Tax ID: **10826** Issued To: **Katherine Harrington**

Location:  $\frac{1}{4}$  of  $\frac{1}{4}$  Section **18** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot **3** Block **4** Subdivision **Village of Cable** CSM#  
In Doc **2020R-583240**

**Residential Use in R-1 zoning district**

For: **(1-Unit) Short Term Rental. Existing [2-Story] Residence (48' x 38') = 1,824 sq. ft. Height of 30'**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Bayfield County Health Dept License is required. Town Room Tax is required. Town of Cable conditions must be followed (see 4-page attachment Short-term Rental Ordinance 40-19)**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler, AZA**

Authorized Issuing Official

**December 7, 2022**

Date



## **Town of Cable Short-term Rental Ordinance 40-19**

### **SECTION I - PURPOSE**

- A. The purpose of this Ordinance is to ensure quality and compliance of short-term rental properties operating within the Town of Cable in order to protect the health, safety and general welfare of the public and to protect the character and stability of neighborhoods.

### **SECTION II - AUTHORITY**

- A. The Town Board of the Town of Cable has the specific authority under s. 157.50 (2), Wis. Stats. and general authority under its village powers per ss.60.10(2)(c) and 60.22(3), Wis. Stats. to adopt this ordinance.

### **SECTION III - DEFINITIONS**

- A. "Bed and Breakfast". Any place of lodging providing eight (8) or fewer rooms for rent, which is the personal residence of the owner, is occupied by the owner while rented, and where breakfast is the only meal served.
- B. "Campground". A parcel or tract of land owned by a person, state, corporation, non-profit, or local government designed, maintained, intended, or used for the purpose of providing campsites offered for fee for temporary overnight sleeping accommodations.
- C. "Condominium". A property subject to a condominium declaration established under Ch. 703, Wis. Stats. For purposes of this ordinance, the requirements that apply to condominiums shall be the same as those that apply to a physically identical development under a different form of ownership.
- D. "Duplex". A structure consisting of two (2) dwelling units meeting applicable zoning requirements. For the purpose of this Ordinance, a duplex shall not be construed as a multiple unit dwelling.
- E. "Dwelling Unit". A unit designed for independent human habitation, which includes sanitary and food preparation facilities.
- F. "Hotel/Motel". A building or series of attached, or semi-attached units in which sleeping accommodation are offered to transient guests for fee, including Condominium or Multiple Unit Dwellings as per WI Admin Code Chapter ACTP 72.
- G. "Short-term Rental". Exchange of accommodations for a fee for a period of less than 29 consecutive days by the same occupant. A property rented for 10 or less cumulative days per year is exempt from provisions of this ordinance.
- H. "Multiple Unit Dwelling". A building, or buildings on the same lot (including a building or buildings located on condominium property), with more than 2 units for human occupancy.
- I. "Property Owner". The person or entity listed as owner of the real estate on the Town's tax roll.



- J. "Property Manager". A person or entity who is not the property owner but provides management services for one or more properties and is authorized to act as the agent of the property owner for service of all notices or processes regarding town ordinances.
- K. "Recreational or Educational Camp". A premise, including temporary and permanent structures, operated as an overnight living quarters where both food and lodging or facilities for food and lodging are provided for children or adults or both children and adults for a planned program of recreation or education.
- L. "Residential Dwelling". Any building, structure or part thereof that is used or intended to be used as a home, residence or sleeping place by one or more persons maintaining a common household, to the exclusion of all others.
- M. "Short-term Rental Criteria". The most current versions of the BAYFIELD COUNTY HEALTH DEPARTMENT TOURIST ROOMING HOUSE REQUIREMENT CHECKLIST and THE TOWN OF CABLE SHORT-TERM RENTAL CRITERIA listing stipulations that must be met by property owners to comply with this ordinance.
- N. "Town" means the Town of Cable, Bayfield, County, Wisconsin.
- O. "Town board" means the board of supervisors for the Town of Cable, Bayfield County, Wisconsin, and includes designees of the board authorized to act for the board.
- P. "Town clerk" means the clerk of the Town of Cable, Bayfield County, Wisconsin.
- Q. "Planning Commission" means the Planning Commission of the Town of Cable, Bayfield County, Wisconsin.
- R. "Town treasurer" means the treasurer of the Town of Cable, Bayfield County, Wisconsin.
- S. "Wis. Stats" or "Wis. Admin Code" means the Wisconsin statutes and administrative code, including successor provisions to cited statute or code.

#### **SECTION IV - ADOPTION AND APPLICABILITY OF ORDINANCE**

- A. This ordinance, adopted by a majority of the town board on a roll call vote with a quorum present and voting and proper notice having been given, provides for the regulation of short-term rental properties in the town.
- B. Requirements shall apply equally to all defined properties, regardless of ownership by private, corporate, governmental or non-profit entities.

#### **SECTION V - SHORT-TERM RENTAL LICENSE**

- A. No person or entity may offer short-term rental for any accommodation or activity as defined in Section III without first obtaining a Short-term Rental License from the Town. All licenses shall be renewed on an annual basis.
- B. All applications for an initial or renewal Short-term Rental License shall be filed, along with fees, by the property owner with the Town clerk on forms provided. Applications may designate a property manager as agent. Clerk will forward new applications to the Planning Commission for review.
  - a) New applications will be reviewed by the Planning Commission before approval by Town Board.
  - b) Before a Short-term Rental License is issued, the following additional authorizations must be obtained:

- I) An appropriate State license as defined under WIS Administrative Chapters ATP-72 (Motels & Tourist Rooming House), ATP-73 (Bed & Breakfasts), ATP-78 (Recreational or Educational Camps) or ATP-79 (Campgrounds) through Bayfield County Health Department, agent per ACPT-74,
  - II) Appropriate zoning designation from Bayfield County Zoning Department.
  - III) Town of Cable Accommodation Tax Permit.
- C. A local contact available to be on site within 1 hour during any time property is occupied must be on file with the town and posted at rental location. Town must be notified within 24 hours of any change in contact information.
  - D. A current Short-term Rental License issued by the Town of Cable shall be posted at the rental premises. The license may not be altered or defaced.
  - E. Short-term rental criteria for residential dwelling, as defined in Section III and attached as Appendices A and B, shall become part of and enforced as if written within this ordinance.
  - F. An Accommodation Tax report and fees shall be submitted to the Town treasurer on a quarterly basis.
  - G. A register showing actual names and permanent address of all guests along with dates of occupancy and fees collected shall be maintained by owner or agent and available for inspection for up to one year after date of occupancy.
  - H. Except as provided in this subsection, no license issued under this chapter is transferable from one premise to another or from one person or entity to another, except to an immediate family member. A new license must be applied for with change of ownership or premise. A business entity that reorganizes as a different type of business entity may transfer a license to the newly formed business entity if at least one individual who had an ownership interest in the entity to which the license was issued has an ownership interest in the newly formed business entity.

#### **SECTION VI - STATEMENT OF POLICY**

- A. Before being issued a Short-term Rental license, each property must be inspected by the Town to determine compliance with the Town of Cable Driveway Ordinance and assess maximum occupancy. This license will designate the maximum occupancy for the building and state that the building passes inspection. Occupancy is determined based on the following factors: square footage, number of bedrooms and bathrooms, capacity of septic system, available parking and road access.
- B. Follow up inspections will occur on the property on an as-needed basis but must occur every 5 years. If a property fails the inspection, the owner will have 30 days after notification to correct the problem and schedule a follow-up inspection. Failure to repair the problems within 30 days will result in suspension of the Short-term Rental License.

#### **SECTION VII - FEES**

- A. Fee for initial and renewal license with inspection: \$75.00 750.00
- B. Fee for renewal license without inspection: \$25.00
- C. Daily penalty for non-compliance of any section: \$50.00



\*Penalties will be assessed beginning on the first day following compliance period as outlined in verified warning notice

#### SECTION VIII - PENALTY PROVISION

- A. Any outstanding debt owed the Town of Cable by the property owner must be updated and paid before a license will be issued or renewed. Nonpayment of fees, forfeitures or taxes will result in revocation of rental license.
- B. Any property owner, property manager or renter that fails to comply with the provisions of this ordinance or is convicted of illegal activity shall first be issued a notification/warning. A second offense for the same noncompliance, upon due process, shall result in rental license suspension. Third and subsequent violations will result in revocation of the Short-term Rental License.
- C. After revocation, a new license must be applied for and will not be issued until the property owner complies with all stipulations of the Bayfield County and Town of Cable regulations. All expenses incurred will be the obligation of the property owner and must be paid before the license is reinstated.
- D. Any person, partnership, or corporation that operates a regulated premise without a license from the Town of Cable shall be sent a written warning with notice to cease renting the property . Immediately. If the person, partnership, or corporation continues to operate after the notice was given and 30 days has elapsed, the property owner will be fined as outlined in Section VII until operation ceases or licenses are obtained.

#### SECTION IX- SEVERABILITY

- A. If any provision of this ordinance or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this ordinance that can be given effect without the invalid provision or application, and to this end the provisions of this ordinance are severable.

#### SECTION X - EFFECTIVE DATE

This ordinance is effective on publication or posting. The town clerk shall properly post or publish this ordinance, as required under s. 60.80, Wis. Stats. Adopted this 21 day of MARCH 2019

Carl Pauls Town Chair

Susan Meyer Supervisor

[Signature] Supervisor

Dawn Allen (Attest) Town Clerk

**Town, City, Village, State or Federal  
Permits May Also Be Required**

LAND USE - X  
SANITARY -  
SIGN -  
SPECIAL - NA  
CONDITIONAL -  
BOA -

**BAYFIELD COUNTY**  
**PERMIT**  
**WEATHERIZE AND POST THIS PERMIT**  
**ON THE PREMISES DURING CONSTRUCTION**

No: 10312201-2022

Tax ID: 34697

Issued To: BENJAMIN J & MEGAN K  
SCHEMENSKY

Location: LOT 3 CSM #1562 IN V.9 P.205 Section 06  
(LOCATED IN NE NW) IN DOC  
2022R-596322

Township 43 N.

Range 07 W.

*CABLE*

Govt Lot 0

Lot

Block

Subdivision:

CSM# 1562

For: Residential / Detached Garage / 27L x 28W x 12H

Condition(s): This permit is for a 19x18 storage shed with 10' lean-to on side and partial 8' lean-to on front. Must meet and maintain all setbacks including eaves and overhangs. Not to be used for human habitation or sleeping purposes. No water under pressure or plumbing fixtures unless a code compliant POWTS has been applied for and issued prior.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**Wed Dec 07 2022**

Date